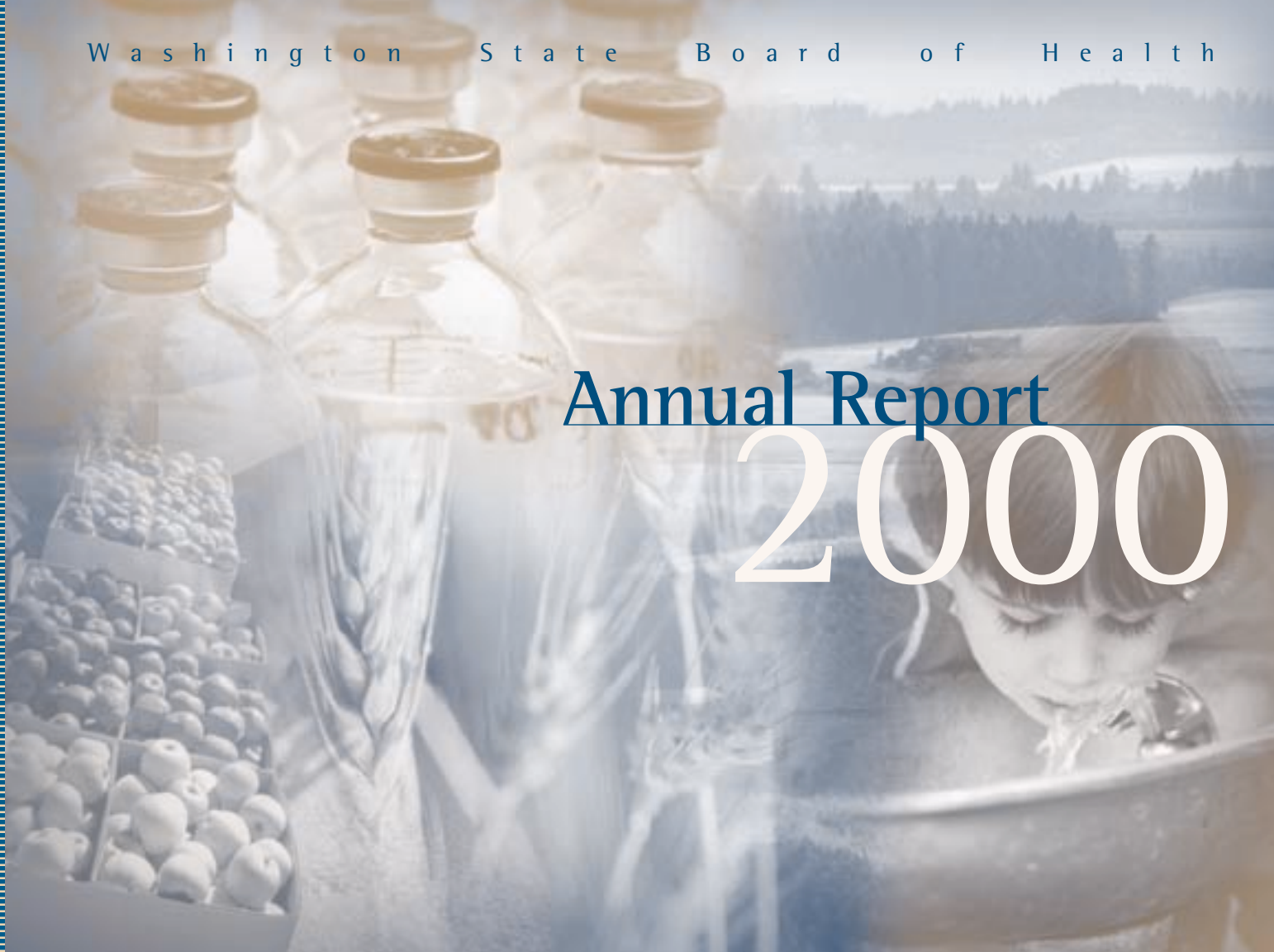


Washington State Board of Health

Annual Report 2000





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An Ounce of Prevention

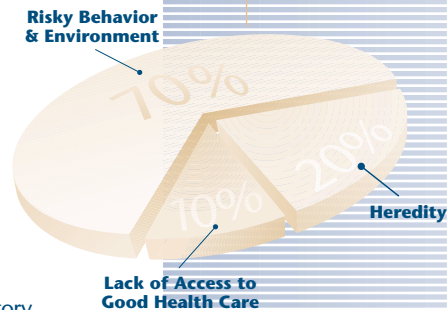
Public health is about understanding and preventing disease across our entire population. The ten-member State Board of Health is established by the state constitution to help lead this effort by suggesting public health policies and actions, by regulating certain activities and by serving as a public forum. Members are appointed by the Governor and serve a three-year term.

In 1900, the average American lived about 45 years before some infectious disease ended their life. Through public health's leadership in sanitation, immunization, and education, the average life span has nearly doubled in the US to about 75 years.

Everyone would like to enjoy the benefits of a healthy lifestyle that allows him or her to jog and eat a hearty meal at age 99, and it is possible. With the advances we are making against premature deaths from diseases of the heart and circulatory system, from cancer, from strokes and from a dozen other illnesses, our lifespan is on the rise.

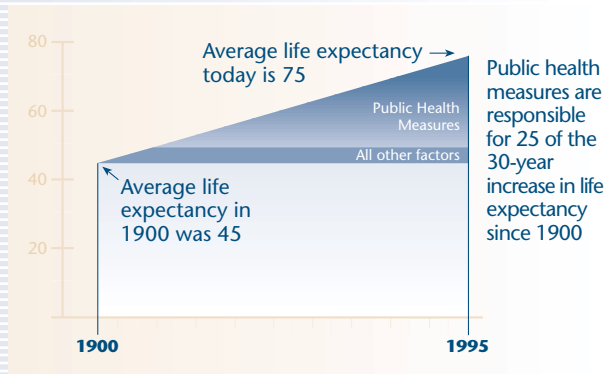
For at least 20 years now we have known that these diseases are

Causes of Premature Death



caused largely by unhealthy behavior and by unsafe environmental conditions. Unsanitary living conditions were public health's enemies 100 years ago. Today,

Life Expectancy



it's tobacco use, poor diet, lack of exercise and environmental pollution. That's why current public health focuses on assuring healthy environments and on promoting healthy behavior as much as it does on seeing that personal medical care is available when people get sick.

Public health is public and private partnerships to improve the health status of the entire population by applying science to medical practice, personal behavior and public policy. It keeps focusing society's attention, resources and efforts as efficiently as possible on reducing health threats and improving the entire population's health. As conditions change, as science discovers more about what causes disease and which social, medical and personal changes have the best chance of maintaining public health, there is constant need to reevaluate and refocus public health policy and program efforts.

As public health embarks with renewed vigor to take on the 21st Century diseases of our lifestyles, balancing public health policy with personal freedoms will be increasingly important. The State Board of Health is committed to partnering with public health to meet this challenge.

Some Key Accomplishments

- Updated Rules for HIV/AIDS surveillance and reporting
- Streamlined communicable disease reporting
- Affirmed national Advisory Committee on Immunization Practices (ACIP) immunization schedule as policy for Washington state residents
- Increased awareness on environmental justice issues
- Approved list of clinical preventive services for children ages birth to ten



The Board significantly increased its policy development activities to help point the way to new strategic opportunities for public health improvement.

Great Changes in 1999 and 2000

Beginning in the fall of 1998 with the appointment of Dennis Braddock as Board Chair, the Board undertook a new and exciting direction. The Board significantly increased its policy development activities to help point the way to new strategic opportunities for public health improvement.

The Board also developed a broader and deeper commitment to constructive partnerships; with Department of Health, the Governor's Office and the Legislature, as well as other key health and environmental agencies.

Following the Governor's direction that state government get "on-line," the Board embraced the internet as its primary communication tool for policies, procedures and practices consistent with applicable state rules and law.

The Board approved five priority areas for its work in the summer of 1999: Communicable Diseases Reporting; Health Disparities; Environmental Justice; Critical Access; Children's

**Visit the
State Board of Health
on the Web:
www.doh.wa.gov/SBOH**

The Board embraced the internet as its primary communication tool for policies, procedures and practices consistent with applicable state rules and law.

Health; and Public Health Systems Improvement – which are outlined in this report.

To bring several important public health regulations up to date, the Board acted to streamline its rule making process. It exercised its statutory authority to delegate some rule making to Department of Health when the Board was assured that delegation maximized both public health protection and administrative efficiencies.

The Board adopted a policy statement to help it decide when it should exercise its delegation authority.

Work started immediately to streamline operations, hire new staff and pursue the Board's new priorities.

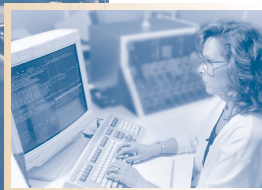
Mr. Braddock's appointment as Department of Social & Health Services Secretary in July 2000 was followed in just a few weeks by the Governor's appointment of a new Chair, Linda Lake, Director of the Pike Market Medical Clinic and long-time community health activist. Ms. Lake affirmed many of the directions established by her predecessor, but also emphasized amplifying the Board's voice on important public health issues through closer working relationships with our state's print and electronic media.

Key Process Improvements:

- Established direct Board Member oversight of all priority setting, rule making, research and policy development
- Conducted statewide community public health forums
- Developed Board Web Page: www.doh.wa.gov/sboh
- Streamlined Rule Making Process
- Adopted a new policy on delegation of rule making
- Improved and expanded cross-agency and community partnerships

PRIORITY PROJECTS:

Communicable Disease Reporting

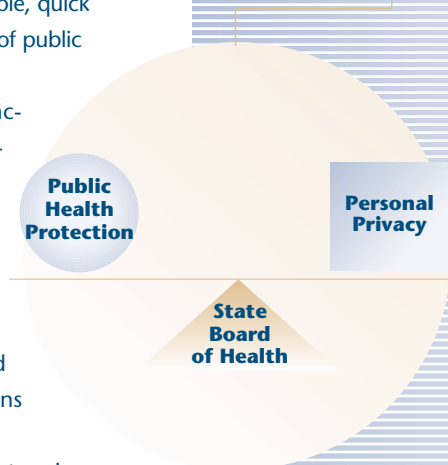


...a simple, quick and reliable reporting system is the foundation of public health practice.

The first step in stopping the spread of tuberculosis, botulism, HIV and other diseases and conditions is to know where they are. That's why having a simple, quick and reliable reporting system is the foundation of public health practice.

Keeping that system up to date and balancing its policies between public health efficiency and citizens' rights to privacy is a prime responsibility of the State Board of Health. That's why the Board struggled in a very public and deliberative hearing process throughout 1999 to develop HIV reporting requirements that provided needed disease data while minimizing the threat to privacy. The final rules, adopted in July 1999, require name reporting of new HIV infections and destruction of personal identifiers after 90 days. The Board was encouraged to hear one year later that the system is working well.

Balancing Public and Private





The Board shares an important role in disease reporting with the Department of Health. Together they worked to update and streamline an antiquated reporting system.

Under Governor Gary Locke's regulatory simplification initiative, the Board worked with the Departments of Health and Labor & Industries to engage the state's public and private

medical laboratories, hospitals, physicians and others in the effort. The result reflects the best in relevance, simplicity and public health practice. Nine reporting schemes have become one and ten reporting timeframes have become three. What is more, a system that had been tracking rare and easily treatable diseases was refocused on more prevalent and emerging, little understood, easily spread and often deadly diseases.

The Board's collaborative effort with the Department of Health to streamline and update the notifiable conditions rule will improve the information local, state, national and global public health authorities need to respond to emerging health threats. This should produce economic benefits for both the health care system and the community.

"Collecting information through a reportable disease process is an essential aspect of public health practice. By revising and modernizing, we increase our ability to control communicable diseases and prevent harmful conditions"

– Tom Locke,
M.D., M.P.H.
Board Member

PRIORITY PROJECTS:

Health Disparities

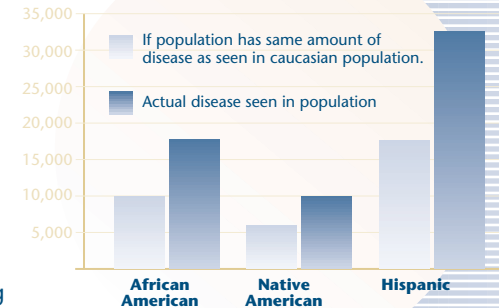
Health Disparities describes the disproportionate burden of disease, disability and death among a particular population or group when compared to their proportion of the population.

Racial and ethnic minorities make up roughly one-fifth (17%) of Washington State's population. Yet these individuals bear a greater burden of disease in our state, in some cases up to five times the disease rate of Caucasian residents.

Many complex factors interact to produce health disparities. Research demonstrates that diverse health care workers are more likely to serve diverse communities. Therefore the State Board of Health has chosen to focus on creating a diverse workforce.

The Board is working with partners to increase the number of minority health care workers by supporting programs that encourage minority students to pursue careers in health care.

Minorities Bear a Greater Burden of Disease



“Research demonstrates that diverse health care workers are more likely to serve diverse communities.”

– Joe Finkbonner,
R.Ph., M.H.A., Board Member



*Environmental Justice
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PRIORITY PROJECTS:

Environmental Justice

Environmental Justice (EJ) is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.

Low income and minority people often live and work in more affordable but more polluted environments than the rest of the population. As a result, they may have a greater risk of exposure to pollutants. These groups have poorer health than the overall population and higher rates of a variety of diseases, including cancer and asthma. This disproportionate disease burden may be explained, in part, by this exposure. The State Board of Health has been working closely with the Department of Ecology, other agencies, and community partners to:

- Raise awareness about EJ in Washington
- Increase knowledge about EJ in local and state government
- Establish EJ guidelines for use by government agencies
- Build and maintain a website dedicated to EJ

Visit the Board's EJ Website:
www.doh.wa.gov/sboh/ej

*“The Department
of Ecology found that
Washington’s waste and
industrial facilities are
disproportionately located
in low-income and
minority neighborhoods.”*

– Carl Osaki,
R.S., M.S.P.H.
Board Member



PRIORITY PROJECTS:

Critical Access

"In the debate about health care access, we seldom ask 'Access to what?' Are all health services of equal importance or are some more important than others?"

*– Tom Locke, M.D., M.P.H.
Board Member*

"Access to health care services is a high priority for most Washington citizens. In the debate about health care access, we seldom ask 'Access to what?' Are all health services of equal importance or are some more important than others?" said Thomas H. Locke, M.D., M.P.H., Health Officer for Clallam and Jefferson Counties. "The State Board of Health is taking the lead in addressing this important issue by developing a menu of critical health services to be used by health policymakers in determining the adequacy of critical health service access."

As its contribution to the Public Health Improvement Plan for 2000, the State Board of Health led a collaborative process with state and local health experts to develop a menu of health services critical to community health protection and improvement.

Defining the menu of health services creates a baseline for state and local public health officials in determining whether Washington residents have access to necessary services in their communities.

Menu of Critical Health Care Services

- General access to primary, emergency, and consultative specialty care
- Behavioral health risk services such as tobacco use prevention
- Communicable and infectious disease prevention and treatment
- Behavioral and mental health services
- Cancer screening and treatment
- Chronic condition and disease management
- Disability assistance
- Oral health promotion and treatment



“Parents help their children thrive by making sure they receive the right health care checks and help for any problems that show up.”

– Vickie Ybarra, R.N., M.P.H.
Board Member

PRIORITY PROJECTS:

Children’s Health

The State Board of Health has determined the health screenings that are needed from birth to age ten. Policy makers and public health officials agree that Washington residents must have access to critical health care services if we want to assure healthy citizens and communities. An early start is the best start!

Disagreement arises when we try to define services and the meaning of access. The Board’s list of services is based on the most current evidence of what works. By 2001, we will have some indication of how many children are receiving this comprehensive care.

Every child needs a healthcare provider to watch and help them develop, grow and change. Parents need to know what their kids need and when they need it. Providers and insurers, including government, need to make sure they are seeing the kids on time. Schools want children to be healthy and ready to learn at school.

Recommended Screenings

- Periodic Health History, physical exams, nutritional consultation and developmental assessment
- Mental/behavioral health & family well-being
- Health risk behaviors
- Communicable & infectious diseases
- Oral health



The Public Health Improvement Partnership includes the Department of Health, Washington State Association of Local Public Health Officials and the University of Washington School of Public Health and Community Medicine.

PRIORITY PROJECTS:

Public Health Systems Improvement

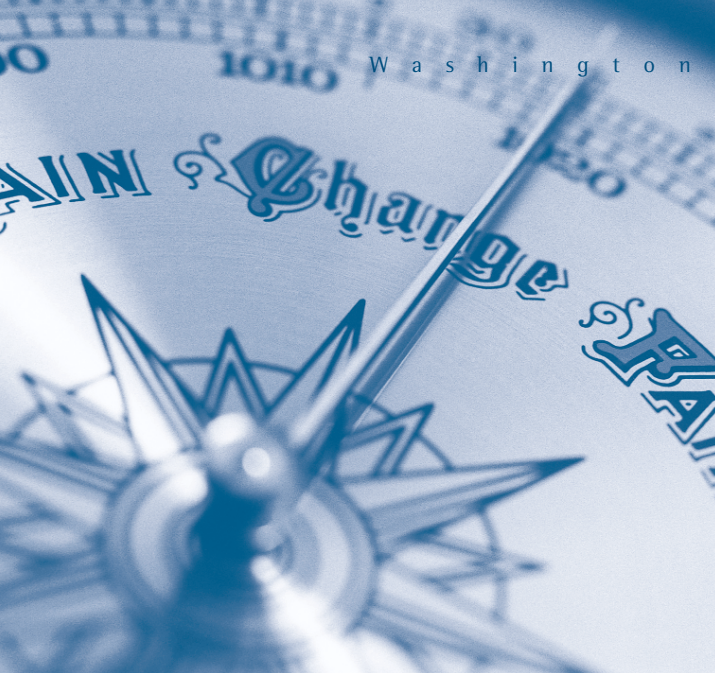
The Board's work on the 2000 Public Health Improvement Plan (PHIP) was in partnership with the Department of Health, Washington State Association of Local Public Health Officials, and the UW School of Public Health and Community Medicine. The Board took the lead on the effort to define and explore feasibility of measuring access to critical public health services in our state.

In addition the Board was active in:

- refining and testing a new comprehensive set of public health system standards
- establishing a set of key health indicators to be used as a common report card on Washington's efforts to improve the health of its residents,
- convening public forums to raise public visibility and dialogue on important public health issues and promoting professional discourse on ways to strengthen public health infrastructure.

Elements of Improvement:

- Public forums
- Priority health issues identified
- Critical healthcare access study
- Standardized claims & reporting formats
- State & national public health standards



"The Board works best when we work in collaboration with our partners in public health."

*– Linda Lake, M.B.A.,
Board Chair*

Looking Forward: 2001 and Beyond

The Board moves into 2001 with a variety of new and ongoing projects. Some of the key activities for the coming year include:

- Communicating which clinical preventative services are necessary for all children (ages birth to ten) to parents, providers, health care purchasers and other key policy makers.
- Developing ways to gauge access to clinical preventive services for children in Washington
- Seeking agreement on access to critical health care services across the state
- Providing environmental justice guidance for state and local agencies
- Encouraging health care workforce diversity to reduce health disparities
- Continuing the PHIP partnership with Department of Health, local health jurisdictions and UW School of Public Health and Community Medicine
- Promoting public dialogue on the public health implications of the genetics revolution

2001 Meeting Schedule

Jan. 10, Olympia
Feb. 14, Olympia
Mar. 14, Olympia
*Apr. 11, Olympia
May 9, Tacoma
June 13, Seattle
July 11, Yakima
*Aug. 8, SeaTac
Sept. 12, Spokane
Oct. 10, Vancouver
*Nov. 14, Olympia
Dec. 5, SeaTac

* Tentative - see
www.doh.wa.gov/sboh
for schedule updates



Front row left to right: Dr. Charles Chu, DPM; Mary Selecky; Vickie Ybarra, RN, MPH; Carl Osaki, RS, MSPH; The Honorable Margaret Pageler, JD. Back row left to right: Dr. Ed Gray, MD; Dr. Thomas Locke, MD, MPH; Linda Lake; Joe Finkbonner, R.Ph, MHA. Not pictured: The Honorable Neva J. Corkrum.

The ten-member State Board of Health helps lead efforts to understand and prevent disease across our entire population.

Membership

Consumers

Linda Lake, MBA, Chair, is the executive director of the Pike Market Medical Clinic. She has 25 years of experience in the field of health and social services.

Joe Finkbonner, R.Ph., M.H.A. is the Lummi LIFE Center Director and Chief Executive Officer of the Lummi Indian Business Council. He is also Chair of the American Indian Health Commission.

Elected County Officials

The Honorable Neva J. Corkrum, Vice Chair, is a Franklin County Commissioner and member of the

Benton-Franklin Health District Board of Health.

Elected City Officials

The Honorable Margaret Pageler, J.D. is the President of the Seattle City Council and member of the Board of Public Health in Seattle and King County.

The Department of Health

Mary C. Selecky is the Secretary of the Washington Department of Health and former administrator of the Northeast Tri-County Health District in Colville.



Mary Selecky (left) and Linda Lake.

Health and Sanitation

Charles R. Chu, D.P.M., is a practicing podiatrist. He is President of the Washington State Podiatry Independent Physician Association.

Ed Gray, M.D., is the Health Officer for the Northeast Tri-County Health District and serves as Chair of the Basic Health Plan Advisory Committee.

Carl S. Osaki, R.S., M.S.P.H., is the former Director of Environmental Health of Public Health in Seattle-King County and currently on faculty at the University of Washington.

Vickie Ybarra, R.N., M.P.H., is the Director of Planning and Development at the Yakima Valley Farm Workers Clinic. Much of her work is dedicated to supporting children and families.

Local Health Officers

Thomas H. Locke, M.D., M.P.H., is the Health Officer for Clallam and Jefferson Counties. He is also Medical Director of the Jamestown and Port Gamble S'Klallam Tribal Health Programs.

Board Staff

Don Sloma, M.P.H.

– Executive Director

Donna Russell, M.H.A.

– Senior Health Policy Advisor

Janice Englehart, M.P.H., M.S.W.

– Senior Health Policy Advisor

Doreen Garcia, M.P.P.

– Senior Health Policy Advisor

Beth Berendt

– Senior Health Policy Advisor

Heather Boe

– Executive Assistant to the Board

Desiree Day Robinson

– Assistant to the Board



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